



Texas Department of Health General (Level III) Trauma Facility Standard Audit Filters

Absence of an EMS patient care report on the medical record for a patient transported by prehospital EMS personnel.

EMS scene time of >20 minutes.

Absence of prehospital essential data items on EMS patient care report.

Diverted major and severe trauma patients more than 8 hours in any month.

No, or absence of documentation of, trauma team activation for a severe or major trauma patient per protocol.

Trauma Team member response times of greater than 10 minutes for those in-house or greater than 30 minutes for those off-site.

Absence of Trauma Flow Sheet.

Absence of documentation of trauma team response times, mechanism of injury, assessments, interventions, and response to interventions.

Absence of at least hourly determination and recording of blood pressure, pulse, respirations, temperature, Glasgow Coma Scale (GCS) score, and I&O for a trauma patient beginning with arrival in the emergency department, including time spent in radiology, up to admission, death, or transfer.

Resuscitation protocol, treatment protocols, and/or standards of care not followed.

A patient with a GCS of <14 who does not receive a CT of the head.

A comatose patient (GCS of ≤ 8) leaving the ED before a definitive airway is established.

Required equipment, which is shared with other departments (i.e. fluid warmer), is not immediately available when requested.

Absence of physician notes.

Patients transferred to another health-care facility or admitted to surgery or ICU after spending >2 hours in the ED.

Patients transferred to a non-designated or lower level designated facility.

A trauma patient admitted to the hospital under the care of an admitting or attending physician who is not a surgeon.

Any patient sustaining a gunshot wound to the abdomen who is managed non-operatively.

Patient with abdominal injuries and hypotension (systolic BP <90) who does not undergo laparotomy within 1 hour of arrival in the ED.

Patient undergoing laparotomy performed >4 hours after arrival in the ED.

Patient with epidural or subdural brain hematoma receiving craniotomy >4 hours after arrival at the ED, excluding those performed for ICP monitoring.

Interval of >8 hours between arrival and the initiation of debridement of an open tibial fracture, excluding a low velocity gunshot wound.

Abdominal, thoracic, vascular, or cranial surgery performed >24 hours after arrival.

Non-fixation of femoral diaphyseal fracture in an adult trauma patient.

Patient requiring re-intubation of the airway within 48 hours of extubation.

All delays in identification of injuries.

All trauma deaths.

Selected complications monitored as trends or sentinel events (consult Resources for Optimal Care of the Injured Patient, Committee on Trauma, American College of Surgeons).

Non-compliance with criteria for trauma facility designation.